APIC Talking Points on CMS FY 2011 Proposed Changes to IPPS

These talking points are provided to APIC members who wish to submit comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed changes to the hospital inpatient prospective payment system (IPPS) for FY 2011. Please note that comments are due to CMS no later than 5:00 pm EDT on Friday, June 18, 2010. Comments may be filed electronically at http://www.regulations.gov. Follow instructions for “Comment or Submission” and enter the file code CMS-1498-P.

Hospital-Acquired Conditions (HAC)

The FY 2011 proposed changes to the Hospital Inpatient Prospective Payment System (IPPS) does not recommend adding new hospital-acquired conditions (HACs) – conditions for which Medicare will not reimburse hospitals for a secondary diagnosis if the condition was not present on admission.

- APIC agrees and supports this proposal. APIC strongly supports CMS’s ongoing evaluation of the HAC policy and believes a robust program evaluation must continue to be conducted before CMS considers adding any additional HAC categories.

Transitioning to Use of NHSN Data for HAI Payment Determinations

CMS proposes to use the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN) data rather than CMS administrative/coding data for payment determination for central line-associated bloodstream infections (CLABSI) and surgical site infections (SSI) beginning in FY 2013.

APIC supports hospital participation in NHSN as a way to compare rates of healthcare-associated infections (HAI) using NQF-endorsed validated data with standardized definitions. NHSN is provided to hospitals without charge from CDC, and CDC provides training for staff that input the data. However, participation in NHSN will require hospital commitment of equipment and staff, including time to learn the system, train staff, and input data.

- APIC applauds CMS’s plan to move to use of NHSN, rather than administrative/coding data for payment determination, and strongly recommends that this transfer must be rolled out incrementally in order to ensure accuracy of data and ability of hospitals to transition from one type of data requirement to another.

However, we have some concerns about certain aspects of this transition as specified in this proposed rule.
The proposed rule recommends reporting CLABSI and SSIs through NHSN for payment determination starting in FY 2013, with data collection beginning January 1, 2011 in order to have two base periods of testing of data collection before making payment determinations based on NHSN data. Although 21 states mandate public reporting of infections through NHSN, more than 1,000 hospitals have yet to enroll. Since using NHSN data requires a change from the current claims-based reporting systems to NHSN definitions and use for HAI reporting during the transition period, this timeframe would provide less than 5 months for most hospitals to acquire equipment and staff for which they did not budget, provide training, and begin data collection using a new reporting system. APIC remains concerned about CDC’s capacity to bring on more than 1,000 hospitals in this short time frame and establish a connection between CMS and CDC for the agencies to share this information.

- **Given these hurdles, and the lack of advance warning to hospitals, APIC believes CMS should not require more than one measure starting January 1, 2011 for payment in FY 2013.**

Enactment of the Patient Protection and Affordable Care Act (healthcare reform) establishes a hospital value-based purchasing (VBP) program beginning in FY 2013 that sets incentive payments under the Medicare program to hospitals that meet certain performance standards. HAIs, as measured by the metrics and targets in the Department of Health and Human Services (HHS) HAI Action Plan, are included in the initial set of measures. In order to comply with the requirements of the healthcare reform law and support CMS’s transition to using NHSN data for Medicare payment determination for HAIs, APIC recommends incremental movement of HAIs to the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program by adding NQF defined SSIs and CAUTI in FY 2012, which are NQF-endorsed and risk-adjusted.

- **APIC urges CMS to transition HAI measures to the quality reporting measure set in a systematic process that utilizes NHSN and yet provides the required experience of two base periods to calculate improvement and attainment scores before RHQDAPU measures can be used as value-based purchasing measures.**

Once CMS completes its measure maintenance review, APIC believes that CLABSI will be ready for public reporting and tying to payment in FY 2013. The measure is thoroughly specified, is salient to consumers and holds important information for hospitals to use in their quality improvement programs.

- **APIC believes that CLABSI is the only measure that is sufficiently through the consensus process and can be adopted quickly to meet the statutory requirement without unduly burdening hospitals. APIC supports CLABSI for payment in FY 2013 assuming the measure is fully transparent, utilizes NHSN, and hospitals do not have to join a registry to report the information.**
It is important that hospitals are able to continue using the NHSN software or other systems that generate reports to submit to NHSN without the need for full manual abstraction of data to satisfy this requirement or joining a registry.

**Moving Infection-related HACs to RHQDAPU**

The proposed rule recommends including two infection-related HACs – vascular catheter-associated infection and catheter-associated urinary tract infection (CAUTI), in the RHQDAPU program. APIC supports the concept of including these HAI-HACs in RHQDAPU. However, CMS has not clearly specified how these metrics would be constructed. For example, CAUTI is endorsed by the National Quality Forum (NQF) but it is unclear if CAUTI, as defined by CMS, is the same as the nursing sensitive measure “Urinary catheter-associated urinary tract infection for intensive care unit (ICU) patients per 1000 catheter-days” (NQF 0138). Likewise, it is unclear how vascular-associated infections would overlap with “Central line-associated blood stream infection (CLABSI)” (NQF #0139).

- APIC is concerned that publishing administrative data via the HAC list and having hospitals report to NHSN while collecting data in another format could lead to confusion for all stakeholders.

- APIC recommends that CMS should remove vascular catheter-associated infections and CAUTI conditions from the existing HAC policy once they are defined and transitioned into RHQDAPU.

- APIC strongly urges CMS to ensure that the existing HAC policy, the infections in VBP and the one percent reduction to payments for HACs starting in FY 2015 remain mutually exclusive polices with separate conditions in each.

**CMS Proposal to Retire Selected Surgical Care Improvement Project (SCIP) Measures**

APIC believes that retirement should occur when the standard of care has changed or performance of the preponderance of hospitals is at or very near perfect. Or, when an outcome measure is integrated that can take the place of a process measures (i.e. urinary tract infection rates versus catheter removal timing). Data collection should not continue, due to burden, unless there is a compelling argument that the standard of care may deteriorate if collection and monitoring does not continue. Thus APIC agrees that the following measure is currently reported as highly reliable and should be retired:

- SCIP-Infection-6: Appropriate hair removal for surgery patients

The performance of the following measures is not highly reliable; however, current literature shows the measures in their current format may not be impactful on reducing surgical morbidity and mortality. We therefore urge CMS to review current literature and either modify or retire these measures:

- SCIP-Infection-2: Prophylactic antibiotic selection for surgical patients
- SCIP-Infection-4: Cardiac surgery controlled post-operative glucose
• PN- 3b Blood culture performed before first antibiotic received in hospital

Additional Measures

Although the Value-Based Purchasing program requires including HAI performance standards according to the HAI Action Plan, at this point it would be essentially impossible to include methicillin-resistance *Staphylococcus aureus* (MRSA), *Clostridium difficile*, and ventilator-associated pneumonia (VAP) in the programs. These require clinically enhanced data to sufficiently identify whether the infections are community or hospital-acquired, and these measures are still in development. In addition, VAP is still lacking a clear definition. APIC recommends that, after CLABSI is included in FY 2013, CMS consider SSI and CAUTI as the second wave of infections to be included in RHQDAPU and then VBP in FY 2014 as these are well-specified and many hospitals have experience monitoring and/or reporting these measures. We understand that any HAC measures such as specific SSIs, CAUTI and vascular catheter-related infections currently retrieved from claims data, may require payment under the HAC policy until the transition to RHQDAPU is complete.

We do not believe that hospitals can undertake SSI measures even in 2012 given the constraints outlined above without clarification of which or how many. The manual collection of these infections through chart-abstraction for all conditions could be overwhelming to most facilities. The proposed rule does not indicate which surgical procedures would be monitored for data collection. NHSN is designed to collect SSIs across a host of conditions and surgeries, but HHS the HAI Action plan never intended hospitals to collect data on *all* surgical procedures. Hospitals determine priorities based on risks of their populations and programs.

- **APIC urges CMS in collaboration with CDC to recommend selection of up to three surgical procedures from a list of high risk/high volume NHSN-defined procedures and NHSN recommended metrics for submission.**

- **Clarification should be made whether any or all surgical procedures apply to specific populations like adult or pediatric populations such as those in non-Children’s hospitals or both.**

APIC requests that CMS clarify how it will reconcile the overlapping elements for procedures that are collected within proprietary registries which may overlap but have differing definitions from NHSN. As these measures are integrated into the RHQDAPU program, CMS should discontinue them in the existing HAC policy to the extent that they overlap and should not consider them for the one percent payment reduction that is to be implemented in FY 2015.

- **APIC urges CMS to structure the three HAC policies to ensure that each one is mutually exclusive and hospitals are not penalized under more than policy for the same HAC.**

- **APIC hopes that HHS will release a revised HAI Action Plan later this year that provides some additional information on the remaining measures (MRSA, C**
difficile and VAP) and an appropriate implementation schedule and that CMS follows with a concrete plan within its future rulemakings.

Registry overlap

APIC does not support use of proprietary data bases, e.g, registries. For example, in the case of SSI, we request CMS to clarify how they will reconcile the overlapping elements for procedures that are collected within registries (if CMS continues to require participation in a registry). It will be important to be assured that data transferred from both systems to CMS will be exactly the same.

- APIC strongly recommends the reconciliation of overlapping measures since the fields, though similar, must be exactly the same to avoid duplication of effort and confusion over interpretation.

Influenza Vaccination of Healthcare Personnel

APIC applauds CMS for adding this measure to the RHQDAPU program. We note that “healthcare personnel” (HCP) in general continue to have low influenza vaccination rates and support the addition of this measure to the RHQDAPU program. However, APIC suggests that the definition of healthcare personnel be clearly defined. In recent CDC analyses it was noted that rates among hospital personnel were much higher than overall HCP rates. Although they all need to be higher, careful consideration of definition is imperative given the impact on reimbursement just for hospitals. A threshold would need to be developed and exemptions must be made for facilities such as at times of vaccine shortage.

- APIC recommends this measure be considered for future reporting but with much more specification and definition.

Measures needing substantial development before implementation

APIC recommends no further data submission plan for VAP, MRSA, and Clostridium difficile until after the Fall 2010 HHS HAI Action Plan review and update.